

**DPS****Montgomery County
Department of Permitting Services****Isiah Leggett**
*County Executive***Diane R. Schwartz Jones**
*Director***Inspection Checklist****Educational Occupancies**

(Includes daycares or before and after care without napping)

School Name: _____**Address:** _____**Inspector:** _____**Date:** _____ **Date of Last Inspection:** _____**Outstanding Violations:** ☐ Yes ☐ No**General**

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| 1. Address Correct? 6" | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 2. Does the building have a Knox Box? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 3. Are the keys correct? 2 sets, Color Coded | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 4. Does the building have operational permits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 5. Were alterations/renovations made since last inspection, Portables Added | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 6. Is building mixed occupancy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 7. What other occupancies? _____ | | | |

Occupant Load and Exits

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|--|------------------------------|-----------------------------|------------------------------|
| 1. Is occupant load posted in assembly areas? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 2. Are exit stairs enclosures fire rated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 3. Are exit stair doors self closing and latching? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 4. Are exit enclosures free of storage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |

Doors

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| 1. Are doors blocked or obstructed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 2. Do doors swing in direction of travel when appropriate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 3. Is there panic hardware in assembly areas? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 4. Are there special locking devices? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |

Egress Arrangement

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|--|------------------------------|-----------------------------|------------------------------|
| 1. Emergency Egress Windows (Non-Sprinkler) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 2. Are there any dead-end corridors? (20'/50') | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 3. Is travel through intervening rooms okay? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 4. Is aisle access width adequate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |

Emergency Lighting

- | | | | |
|---|------------------------------|-----------------------------|------------------------------------|
| 1. Is emergency lighting located appropriately? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 2. Is it tested monthly? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a 3. Is |
| exit signage appropriate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |

Corridors

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|---|------------------------------|-----------------------------|------------------------------|
| 1. Are corridor walls rated 1 hr with 20-min doors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
|---|------------------------------|-----------------------------|------------------------------|

Protection Hazards

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|---|------------------------------|-----------------------------|------------------------------|
| 1. Are hazards protected by
Fire-rated enclosures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| Extinguishing system? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| Self-closing door? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 2. Is kitchen cooking protected? (Cafeterias) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 3. Date kitchen hood and duct last cleaned: _____ | | | |

Interior Finish

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|---|------------------------------|-----------------------------|------------------------------|
| 1. Are curtains/drapes per code? (stages, auditoriums) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 2. Are Artwork and teaching materials on walls ≤20%/50% of wall area? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |

Operating Features

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|---|------------------------------|-----------------------------|------------------------------|
| 1. Is there a written emergency plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 2. Are evacuation drills conducted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 3. Number of drills per school year: _____ | | | |
| 4. Has evacuation relocation area been established? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 5. Is there daily inspection of exits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |

Detection and Alarm

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|---|------------------------------|-----------------------------|------------------------------|
| 1. Date of last annual test: _____ | | | |
| 2. Is there automatic fire department notification? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 3. Annunciator / Building Layout? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |

Fire Protection Systems

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|---|------------------------------|------------------------------|-------------------------------|
| 1. Are there sprinklers throughout? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 2. Partial sprinklers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| Where: _____ | | | |
| 5. Other extinguishing systems (not including kitchen): | | | |
| Type: _____ | | | |
| Where: _____ | | | |
| 6. Standpipe? | <input type="checkbox"/> Wet | <input type="checkbox"/> Dry | <input type="checkbox"/> None |
| 7. Fire Pump? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| GPM: _____ psi: _____ | | | |
| Date last tested: _____ | | | |
| 9. Are fire extinguishers inspected and tested as required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |

Exterior

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|--|------------------------------|-----------------------------|------------------------------|
| 1. Fire Department Connection signage is visible, legible? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 2. Private fire hydrants are being inspected and maintained? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 3. Cistern /Capacity _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |

Building Utilities

- | | | | |
|-------------------------|------------------------------|-----------------------------|------------------------------|
| 1. Utility Access | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| 2. Emergency generator? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> n/a |
| Size: _____ | | | |
| Date last tested: _____ | | | |

NOTES: